



Department of Veterans Affairs



**BAY PINES VAMC
ADVANCED EDUCATION IN
GENERAL DENTISTRY
RESIDENCY PROGRAM
2003 - 2004**

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**BAY PINES VA MEDICAL CENTER
DENTAL SERVICE**

Staff Dentists:

Lawrence E. Scheitler, DDS, MPH
Service Chief
General Dentistry

Irma M. Tassi, DMD
AEGD Residency Director
General Dentistry

Susan Gordon, DDS
General Dentistry

Craig Nelson, DMD
Prosthodontist

John B. Allwein, DDS
Oral & Maxillofacial Surgery

AEGD Residents 2003 – 2004:

Omar Damji, DMD
Robert Penrod, DMD

Dental Hygienists:

Cindy Porter, RDH
Phyllis McCormick, RDH

Auxiliary Staff:

Office:

Kim Hoellger, Secretary/Receptionist, DA
Cookie Little, Secretary/Receptionist, DA
Mary Lou Johnson, Lead Dental Assistant, DA

Dental Assistants:

Cathy Daniels, DA
Donna Dougan, DA
Doretha Howard, DA
Rebecca Jamin, DA
Sharon Mayberry, DA
Jennifer Schlag, DA

Laboratory:

John Cataen
Thomas Hill
Rick Hooker

Volunteers:

Penny & John Tyrrell, Lisa Roney, Douglas Odegard, Jeanne Renninger

PROGRAM DESCRIPTION AND GOALS /OBJECTIVES OF RESIDENCY

The overall goal of the Advanced Education in General Dentistry Program is to provide the resident with experience in general dentistry beyond the scope of the undergraduate dental curriculum and with experience in providing dental care in a hospital setting.

The primary goals and objectives of the residency include:

1. Resident to act as primary care provider for patients providing patient focused multidisciplinary comprehensive oral health care, emergency treatment, and maintenance. In doing so the resident will diagnose and treatment plan patients in a responsible and compassionate manner without compromise to ethics or morals. Treatment modalities to be used will encompass all dental disciplines and will encourage using advanced treatment modalities, all leading to improving the resident's competency and confidence.
2. Using sound clinical judgment, plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs.
3. Manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment.
4. Function effectively and efficiently in the hospital setting as a member of the health care team working with dental and medical specialists, and general practitioners. This also includes developing the resident's familiarity with hospital administration, organization, protocol, and interrelationships between various hospital departments.
5. Apply scientific principles to learning and oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making and technology-based information retrieval systems.
6. Providing experience and enhancing the understanding of the relationship of oral disease to systemic health.
7. Understand the oral health needs of communities and engage in community service.
8. Providing resident education and reinforcing the dental educational experience/contact with other professionals as an ongoing process.
9. Preparing to meet future career goals.

The operational responsibility for the Advanced Education in General Dentistry Residency rests with the Director who is a full-time staff member. Clinical and didactic activities will occur at the VA Medical Center. Dental Residents are provided the same responsibilities and privileges as residents in all other medical specialties.

Competency and Proficiency Statements

Competency: written statement describing the levels of knowledge, skills, and values expected of residents completing the program.

Proficiency: written statement describing the levels of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Intended Outcomes of Residents' Education:

- I. Planning and providing comprehensive, multidisciplinary oral health care:
 1. Function as the patient's primary and comprehensive oral health care provider. (P)
 2. Obtain and interpret the patient's chief complaint; medical, dental and social history; and review of systems. (P)
 3. Select and use assessment techniques to arrive at a differential, provisional and definitive diagnosis for patients with complex needs. (C)
 4. Explain and discuss with patients, or guardians of patients, findings, diagnoses, treatment options, realistic treatment expectations, patient responsibilities, time requirements, treatment sequence in order to establish a rapport with patients that will serve as an avenue for effective communication in which the patient will become an informed participant in the planning of health care. (C)
 5. Use available diagnostic and prognostic information to integrate multiple disciplines into an individualized, comprehensive and sequenced treatment plan for patients with complex needs. (C)
 6. Modify the treatment plan, as indicated, to effectively manage unexpected circumstances or individual patient needs. (C)
 7. Perform dental consultations for patients. (P)
 8. Request medical consultations for patients. (P)
- II. Health care delivery:
 1. Treat patients efficiently in a dental practice setting. (C)
 2. Understand the importance of scheduling systems and insurance and financial arrangements to maximize production in a dental practice. (C)
 3. Implement and use accepted sterilization, disinfection, universal precautions and occupational hazard prevention procedures in the practice of dentistry. (P)
 4. Provide patient care by working effectively with allied dental personnel, which includes performing sit-down four-handed dentistry. (C)
 5. Employ and promote ethical principles in the practice of dentistry and in relationships with patients, personnel and colleagues. (P)

- III. Information management and analysis:
 - 1. Develop a rational approach to evaluating the scientific literature and other sources of information to determine the utility of new concepts, materials and procedures. (C)
 - 2. Utilize electronic media systems to access and retrieve information related to dentistry and patient care. (C)
 - 3. Maintain a patient record system that accurately and concisely documents the patient's diagnostic database, the plan of care and the course of treatments in a format that facilitates the retrieval and analysis of the process and outcomes of patient treatment. (P)
 - 4. Analyze the outcomes of patient care to assess the degree of success, patient satisfaction and/or the need for further treatments. (C)
 - 5. Understand, and participate in, a system for continuous self-evaluation and quality improvement in a dental practice. (C)
- IV. Oral disease detection and diagnosis:
 - 1. Expose periapical and bitewing radiographs of diagnostic quality. (C)
 - 2. Obtain and interpret clinical and radiographic data and additional diagnostic information from other health care providers or other diagnostic resources. (C)
 - 3. Refer to other health care professionals to utilize the services of clinical, medical or pathology laboratories. (C)
 - 4. Perform limited history and physical evaluation and collect other data in order to establish a risk assessment for dental treatment and use that risk assessment in the development of a dental treatment plan (P)
 - 5. Recognize and manage oral manifestations of systemic disease. (C)
 - 6. Recognize and manage soft tissue lesions and/or common oral pathological abnormalities. (C)
 - 7. Diagnose and manage a patient's occlusion. (C)
- V. Promoting oral and systemic health and disease progression:
 - 1. Participate in community programs to assist in the prevention and reduction of oral disease. (C)
 - 2. Use accepted prevention strategies such as oral hygiene instruction, nutritional education and pharmacologic intervention to assist patient in the improvement and maintenance of their oral and systemic health. (P)
- VI. Assessment of medical risk:
 - 1. Develop and carry out dental treatment plans for patients with special needs in a manner that considers and integrates the patient's medical, psychological and social needs. (C)
- VII. Pain and anxiety control and sedation:
 - 1. Provide control of pain and anxiety in the conscious patient through the use of psychological interventions, behavior management techniques, local anesthesia and oral conscious sedation techniques. (C)
 - 2. Prevent, recognize and manage complications related to the use and interactions of drugs, local anesthesia and oral conscious sedation. (C)

- VIII. Restoration of teeth:
1. Restore single teeth in the permanent dentition with a wide range of materials and methods. (P)
 2. Place restorations and perform procedures to enhance the patient's facial esthetics.
 3. Restore endodontically treated teeth. (C)
- IX. Replacement of teeth using fixed and removable appliances:
1. Replace missing teeth for patients utilizing removable prostheses. (C)
 2. Replace missing teeth for patients utilizing uncomplicated (6 units or less) fixed prosthesis. (C)
 3. Communicate prosthesis design to laboratory technicians in a professional and effective manner and evaluate the resultant prosthesis. (C)
 4. Serving the role of restorative dentist, participate with a surgeon in a team approach to the treatment planning process prior to endosseous implant insertion. (C)
 5. Restore uncomplicated endosseous implants. (C)
- X. Periodontal therapy:
1. Diagnose and treat early and moderate periodontal disease using non-surgical procedures. (P)
 2. Diagnose and treat early and moderate periodontal disease using surgical procedures. (C)
 3. Manage advanced periodontal disease. (C)
 4. Evaluate the results of periodontal treatment then establish and monitor a periodontal maintenance program. (P)
- XI. Pulpal therapy:
1. Diagnose and treat pain of pulpal origin. (P)
 2. Perform uncomplicated non-surgical anterior and premolar endodontic therapy. (C)
 3. Manage uncomplicated non-surgical molar endodontic therapy. (C)
 4. Treat or manage endodontic complications. (C)
- XII. Hard and soft tissue surgery:
1. Perform surgical and nonsurgical extraction of teeth. (C)
 2. Perform uncomplicated pre-prosthetic surgery. (C)
 3. Manage extraction of impacted third molars. (C)
 4. Manage surgical treatment of oral lesions, including biopsy. (C)
 5. Treat or manage patients with complications related to intra-oral surgical procedures. (C)
- XIII. Treatment of dental and medical emergencies:
1. Treat patients with intra-oral dental emergencies and infections. (C)
 2. Anticipate, diagnose and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment. (C)
 3. Manage hard and soft tissue lesions of traumatic origin. (C)

XIV. Dental inpatient and outpatient care:

1. Properly screen patients for hospital dental care (P)
2. Become proficient in dental operating room protocol (P)
3. Be familiar with the types of dental care provided under general anesthesia (P)
4. Manage the dental inpatient from admission to discharge (P)
5. Respond to and initiate medical consultations (P)

Bay Pines Medical Center Department of Veterans Affairs

Bay Pines VAMC provides comprehensive medical care including acute medical, surgical, and psychiatric care. Also provided are extended medical and psychiatric care, rehabilitative inpatient care, and outpatient care. In addition, the Medical Center supervises a community nursing home care program which is one of the largest in the VA system. The Medical Center is the Clinic of Jurisdiction for the state of Florida and operates one of the VA's largest fee-basis programs. This includes fee medical, fee dental, fee pharmacy and non-VA hospitalization. The facility also operates an ambulatory care clinic in Ft. Myers, Florida and Outreach Centers in Charlotte County, Clearwater, Collier County, Highlands County, Manatee County, St. Petersburg, and Sarasota, Florida.

Mission

To provide a full continuum of high quality, patient-focused healthcare to veterans.

Vision

Become the healthcare provider of choice for veterans.

Values

- Commitment to Excellence
- Trust - earn & maintain
- Respect - show & earn
- Compassionate Caring
- Innovation
- Constructive Collaboration

Goals

- Improve Quality of Care - Quality First
- Provide Easy Access
- Restore Patient Function
- Exceed Veterans' Expectations
- Promote Employee Satisfaction
- Improve Organizational Efficiency
- Build Healthy Communities

RESIDENT SCHEDULES

Rotation, conference, emergency dental call, schedules for the residency year can be found on the following pages in this section. *No deviation from these schedules is allowed without prior approval from the AEGD Director.* Periodically, a resident will have a schedule conflict in which he/she will be assigned to two different rotations/conferences/seminars at the same time. *It is the resident's responsibility to check with the Director as to which one he/she should attend.* In general, patients always come first. Failure to attend scheduled seminars and conferences or failure to schedule adequate clinical patients during assigned clinic time may result in termination from the program.

Resident Rotation Schedule

Dr.

	AM	PM
June 29 – July 12	Orientation (Med Ctr)	Orientation (Dental Clinic)
July 13 – July 26	OS	OS
July 27 – Aug 9	D wk of 7/27, DC wk of 8/3	D wk of 7/27, DC wk of 8/3
Aug10 – Aug 23	CS (8/11/03), DC	DC
Aug 24 – Sept 6	OS	DC
Sept 7 – Sept 20	PC wk of 9/7, DC wk of 9/14	PC wk of 9/7, DC wk of 9/14
Sept 21 – Oct 4	DC	DC
Oct 5 – Oct 18	P	P
Oct 19 – Nov 1	DC	DC
Nov 2 – Nov 15	P wk of 11/2, DC wk of 11/9	P wk of 11/2, DC wk of 11/9
Nov 16 – Nov 29	DC wk of 11/16, ER wk of 11/23	DC wk of 11/16, ER wk of 11/23
Nov 30 – Dec 13	SL (12/1/03), DC	SL (12/1/03), DC
Dec 14 – Dec 27	A wk of 12/14, DC wk of 12/21	A wk of 12/14, DC wk of 12/21
Dec 28 – Jan 10	DC	DC
Jan 11 – Jan 24	P wk of 1/11, DC wk of 1/18	P wk of 1/11, DC wk 1/18
Jan 25 – Feb 7	ENT wk of 1/25, DC wk of 2/1	DC
Feb 8 – Feb 21	DC	DC
Feb 22 – March 6	T wk of 2/22, DC wk of 2/29	T wk of 2/22, DC wk of 2/29
March 7 – March 20	DC	DC
March 21 – April 3	DC	DC
April 4 – April 17	PM wk of 4/4, DC wk of 4/11	PM wk of 4/4, DC wk of 4/11
April 18 – May 1	DC	DC
May 2 – May 15	DC	DC
May 16 – May 29	DC	DC
May 30 – June 12	DC	DC
June 13 – June 26	DC	DC
June 27 – June 28	DC	DC

Medical Center Orientation June 30 – July 3

A = Anesthesia (one week)
 C = Cardiology (elective)
 CS = Chief of Staff (one-half day)
 D = Dental Lab (one week)
 ER = Emergency Room (one week)
 E = Endocrinology (elective)
 ENT = ENT/OR (one week, AM)
 F = Ft Myers Clinic (elective)
 OS = Oral Surgery (four weeks)

Dental Service Orientation July 7 - 11

O = Orthopaedics (elective)
 PM = Practice Mgmt. (one week)
 PS = Plastic Surgery (elective)
 P = Prosthodontics (four weeks)
 PC = Primary Care (two weeks)
 SL = Sleep Lab (one day)
 T = Tampa VAMC/Moffitt (one week)
 * = VA on call (OD)
 DC = Dental Clinic

Hygiene rotation to be scheduled in conjunction with UF faculty staff member visit.

Elective rotations will require discussion with and approval by the Residency Director.

Resident Rotation Schedule

Dr.

	AM	PM
July 13 – July 26	Orientation (Med Ctr)	Orientation (Dental Clinic)
July 27 – Aug 9	DC wk of 7/27, D wk of 8/3	DC wk of 7/27, D wk of 8/3
Aug 10 – Aug 23	OS	OS
Aug 24 – Sept 6	DC	OS
Sept 7 – Sept 20	DC wk of 9/7, PC wk of 9/14	DC wk of 9/7, PC wk of 9/14
Sept 21 – Oct 4	P	P
Oct 5 – Oct 18	DC	DC
Oct 19 – Nov 1	<i>CS (10/20/03), DC</i>	<i>DC</i>
Nov 2 – Nov 15	DC wk of 11/2, P wk of 11/9	DC wk of 11/2, P wk of 11/9
Nov 16 – Nov 29	ER wk of 11/16, DC wk of 11/23	ER wk of 11/16, DC wk of 11/23
Nov 30 – Dec 13	<i>SL (12/8/03), DC</i>	<i>SL (12/8/03), DC</i>
Dec 14 – Dec 27	DC wk of 12/14, A wk of 12/21	DC wk of 12/14, A wk of 12/21
Dec 28 – Jan 10	<i>DC</i>	<i>DC</i>
Jan 11 – Jan 24	DC wk of 1/11, P wk of 1/18	DC wk of 1/11, P wk of 1/18
Jan 25 – Feb 7	DC wk of 1/25, ENT wk of 2/1	<i>DC</i>
Feb 8 – Feb 21	<i>DC</i>	<i>DC</i>
Feb 22 – March 6	DC wk of 2/22, T wk of 2/29	DC wk of 2/22, T wk of 2/29
March 7 – March 20	<i>DC</i>	<i>DC</i>
March 21 – April 3	<i>DC</i>	<i>DC</i>
April 4 – April 17	DC wk of 4/4, PM wk of 4/11	DC wk of 4/4, PM wk of 4/11
April 18 – May 1	<i>DC</i>	<i>DC</i>
May 2 – May 15	<i>DC</i>	<i>DC</i>
May 16 – May 29	<i>DC</i>	<i>DC</i>
May 30 – June 12	<i>DC</i>	<i>DC</i>
June 13 – June 26	<i>DC</i>	<i>DC</i>
June 27 – July 10	<i>DC</i>	<i>DC</i>
July 11 – July 13	DC	DC

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O = Orthopaedics (elective)
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 SL = Sleep Lab (one day)
 T = Tampa VAMC/Moffitt (one week)
 * = VA on call (OD)
 DC = Dental Clinic

Hygiene rotation to be scheduled in conjunction with UF faculty staff member visit.

Elective rotations will require discussion with and approval by the Residency Director.

Resident Conference Schedule

(To be published and distributed)

Emergency On - Call Schedule

The on-call schedule is as follows:

Each day of the week will be covered by a staff practitioner during regular clinic hours of operation.

Monday – Dr. Jack Allwein
Tuesday – Dr. Lawrence Scheitler
Wednesday – Dr. Irma Tassi
Thursday – Dr. Susan Gordon
Friday – Dr. Craig Nelson

Residents will be on-call after hours 7-days/week, 24 hours/day.

The VA resident on-call will carry VA Pager X, phone number 825-XXXX.

The Attending in General Dentistry for the resident on-call is:

Dr. Irma Tassi
813.X (home)
813.X (mobile)

The Attending in Oral Surgery for the resident on-call is:

Dr. Jack Allwein
727.X (home)

The following may also be contacted as needed:

Dr. Lawrence Scheitler
727.X

Dr. Susan Gordon
727.X

Dr. Craig L. Nelson
843.X (mobile)

ORIENTATION

An orientation program is provided at the beginning of the year to acquaint the residents with their new associates and environment. This program includes the Dental Service, Human Resources Management Service, and the Medical Center. Clinic policies and procedures as outlined in this manual will be reviewed. It is the resident's responsibility to read and fully understand all components of this manual.

Attendance At Professional Society Meetings

Regular attendance at professional society meetings is encouraged. Participation in local society activities is also suggested. Attendance and participation in those programs and activities is at the resident's expense. Authorized absence for professional functions may be requested; the Program Director and the Dental Service Chief must preapprove these absences (maximum two per year).

Attire

Residents are to wear PPE (personal protective equipment) at all times during patient care. PPE, provided by the VA, includes masks, eye protection, gloves, and long-sleeved gowns. The VA will provide three white coats to each resident. These coats are to be worn over street clothes or scrubs at all times the resident is within the medical center. Scrubs may be provided by the VA, or the resident may provide his/her own scrub wear. Clean, white athletic shoes may be worn with scrubs. No open-toed sandals are allowed. Socks or pantyhose must be worn. Hair must be neatly groomed and worn off the face during patient treatment.

Cardiopulmonary Resuscitation

All residents are required to have current basic life support training. Residents can take the advanced cardiac life support course taught at the VA Medical Center.

Case Presentations

Each resident must complete cases requiring multiple disciplines in dentistry. The resident should document these cases with photographs, articulated diagnostic casts, and radiographs. A minimum of 8 (per resident) of these comprehensive cases must be presented at the treatment planning conferences throughout the year. One or more of these cases will be presented by the resident to the Dental Service staff at the annual case presentation and awarding of certificates ceremony.

A four-page treatment planning worksheet must be completed for each of the 8 comprehensive cases presented. This worksheet includes patient data such as medical history, allergies, physical examination, dental history and exam, and treatment planning data. See appendix A for a copy of the treatment planning worksheet.

Certificate of Training

Certificates of residency training are awarded in June to those residents who have satisfactorily completed all the requirements of the program.

Clinical Activities

A primary objective of this program is the development of confident, experienced general dentists who can effectively manage the comprehensive dental needs of a population. Clinical activities dominate the resident year. Opportunities are provided to each resident to acquire broad, in-depth experience in clinical diagnosis, treatment planning, and treatment. Each resident must treat patients assigned for comprehensive, emergency, and limited dental care. Unless specified, all assigned comprehensive cases must be completed during the residency year. Residents are encouraged to develop their ability to satisfy treatment objectives by varied methods. Objectives are accomplished through demonstrations, direct instruction, consultations, and conferences.

Clinic Hours

The VA Dental Service is open from 7:00 a.m. to 4:30 p.m. Patient care is provided between the hours of 8:00 a.m. to 4:00 p.m. Morning meetings take place daily at 7:30 a.m. sharp. Residents are to appoint patients at 8:00 a.m., 10:00 a.m., 12:30 p.m., and 2:30 p.m. Procedures requiring an extended appointment (such as bridge preparation and impression appointment) should not be scheduled at 2:30 p.m.

Residents should complete patient treatment by 4:00 p.m. everyday. Resident assistants work from 7:30 a.m. to 4:00 p.m. and are not paid for overtime. The resident working after 4:00 p.m. may be working alone – it will be the resident's responsibility then to clean the operatory prior to leaving for the day. No resident is allowed to leave for the day until all residents have completed patient treatment for that day. Residents are encouraged to treat patients in a timely manner and are expected to assist each other once all resident assistants have left for the day.

Dental Consults

All residents are assigned to cover dental consults during the residency year. These consults consist of inpatients and outpatients with dental emergencies as well as patients preparing for surgery, chemotherapy, or radiation therapy. Residents are expected to examine and treat all consults received on their assigned day. Residents and staff dentists are encouraged to work together to treat these patients in a timely manner.

Dental Hygiene

The VA Dental Service employs two full-time dental hygienists that perform all aspects of preventative care: scaling, root planing, polishing, fluoride application, and desensitization. Residents may refer their patients to the dental hygienist for the services listed above.

Residents are to perform scaling and root planing procedures themselves on all patients classified as having type III or type IV adult periodontitis (moderate to advanced) or on patients who are candidates for periodontal surgical procedures.

Dental Laboratory

The Bay Pines VAMC employs three full-time dental laboratory technicians. These technicians fabricate the majority of removable prostheses and select fixed prostheses for the Dental Service. (The Central Dental Lab - CDL - fabricates the remainder.) A laboratory order form (VA form 10-2804) must be completed for all cases sent to CDL. See appendix E for a copy of this form.

Employee Health

Medical services are provided to residents through the VA Employee Health Service for emergency situations only. The VA provide health and life insurance to residents.

Employment Outside The VA

Residents must be present for all clinical activities from 7:30 a.m. to 4:00 p.m., Monday through Friday, but must be available on a 24-hour basis. Therefore, no employment, dental or otherwise, is allowed outside the VA facility. Failure to follow this guideline will result in immediate dismissal from the program.

General Clinical Requirements

Residents will spend approximately one-third of the residency year on off-service rotations and two-thirds of the residency year participating in clinical dentistry. There are no requirements as to the number of procedures to be performed, but the resident is expected to treat at least four patients per day. Emphasis in this dental service is on quality; attention should be paid to detail, precision, and perfection of technique. Quality is stressed over quantity. The residents are expected to help carry the workload and are counted on to provide a reasonable amount of dental services.

Immunization

Residents are required to have received the hepatitis B vaccine. Residents are strongly encouraged to receive a TB skin test at least once per year. These are provided through employee health.

Infection Control

Universal precautions (masks, gloves, and eye protection) are required while treating any dental patient. A copy of the Dental Service infection control policy is included in the manual. See appendix E.

Instruments And Equipment

All dental instruments, supplies, and equipment are furnished by the Dental Service. Each resident is responsible for security and routine maintenance of equipment assigned. Residents are strictly prohibited from bringing any personal dental instruments or supplies into the Dental Clinic without permission from the AEGD Director and the Dental Service Chief.

LEAVE

Residents will accrue 14 days of annual leave per year. The leave year for residents begins June 29, 2003 and ends June 28, 2003. Annual leave earned but not used by the end of the leave year is lost. There is no entitlement to a lump sum payment for unused leave. Residents are encouraged to look ahead to the holiday periods and discuss leave requests with the AEGD Director at least a month in advance. Leave requests should normally be made two weeks in advance to accommodate patient scheduling and off-service rotations. All leave requests made by residents must be approved by both the AEGD Director and the Dental Service Chief. See appendix H for a copy of this form.

Residents must complete a leave request slip prior to taking annual leave. In case of an unscheduled emergency or sick leave, this form must be completed on the first day the resident returns.

Library Service

The VA medical library is located on the first floor of the hospital. It is open Monday through Friday 8:00 a.m. to 4:30 p.m. The library has numerous medical and dental publications which are available for checkout. The reference librarian is available for assistance in using MEDLINE and other library materials.

Licensure

Dental licensure by the State of Florida is not required to participate in the VA AEGD Program during the first year, however all residents are encouraged to obtain dental licensure in at least one state or region.

Literature Review (Journal Club)

The purpose of these seminars is to provide a forum in which both classical and current literatures in general dentistry is reviewed. Each resident will be required to present articles at two Journal Club Conferences. All articles to be reviewed will be assigned by the staff

dentists. Every resident will be expected to have read the assigned articles for each conference.

The presenting residents for the conference should be prepared to give an overview of the article in his/her own words. Reading the article or excerpts is not acceptable. The presenting dentist must complete a literature review worksheet for each article presented (see appendix B).

On Call Duty

Dental residents will be scheduled for on-call duty for the VA Dental Service. The resident is not required to be in-house but is required to be within 30 minutes of the hospital, carry the pager, and have access to a telephone. No deviation from the assigned on-call duty is allowed. It is the resident's responsibility to assure coverage at all times, even if leave has been requested and approved for the assigned time.

Operatories

The operatories conform to the standards established by the VA Medical Center. Diplomas, licenses, and appropriate decorations may be allowed in the operatory at the Dental Service Chief's discretion. A radio is allowed in the operatory; music played must not be offensive. Radios must be approved by Engineering Service and inspected prior to use.

The dental assistant is responsible for clean up and set-up of the operatories. Any resident who is involved in patient care after 4:00 p.m. must leave the operatory clean for the next day. If any dirty instruments remain in the operatory overnight, that operatory will be deemed "closed". The resident will then not be able to use the operatory until he/she has cleaned the room and removed all dirty instruments and appropriately disinfected the countertops, chair and light.

Parking

All residents will be issued a parking permit that will allow parking in the parking areas located on the campus for the duration of the residency year.

Patient Assignment

All residents are expected to maintain up to 25 comprehensive care patients throughout the residency year. These patients should be treatment planned and all dental needs completed by the assigned resident. Patients are initially assigned to residents by the AEGD Director, but as the year progresses the resident will be receiving additional cases from other staff

dentists. A resident may also request specific case types such as periodontal, endodontic, or prosthetic cases (see appendix C).

The AEGD Director maintains the patient assignment registers. As cases are completed (or closed due to other circumstances such as poor patient compliance or broken appointments), the Director must review the dental record and note that the case has been closed. New patients will then be assigned to the resident.

The Director, at the quarterly evaluations, conducts chart reviews for each resident. Based on these reviews and DRM/CPRS patient care data for each resident, new patients may be assigned to ensure adequate treatment experience in all dental disciplines.

Professional Liability

Professional liability coverage is provided by the federal government for VA dentists providing they are treating VA patients of record approved by the Service Chief.

Professional Organizations

All residents are strongly encouraged to be active in organized dentistry. Resident may join the ADA and AGD at a reduced rate. A maximum of 250 credit hours may be granted toward Fellowship in the AGD for participating in a postgraduate dental education program. The resident would have to join before completion of the program.

Research

Residents are required to submit a research paper during their residency year. A review of the literature is also acceptable. The resident must choose the topic, which is to be approved by the AEGD Director. The paper should be suitable for publication in a refereed dental or medical journal and be between 5 – 10 pages typewritten and double-spaced.

Resident Evaluations And Outcomes Assessment

Dental residents are evaluated every three months throughout the residency year. The AEGD Director, Dental Service Chief, and other VA staff dentists complete these evaluations. Residents are evaluated for clinical activities as well as for off-service rotations. Residents evaluate the staff and off-service rotations as well with the purpose of improving the program for the future residents.

Evaluations consist of the following:

1. A quarterly evaluation of the residents by the attending faculty. (see appendix D-1) This evaluation form is completed by all VA staff dentists for each resident.

2. An annual evaluation of the attending faculty by the residents. (see appendix D-2) This evaluation form is completed by all residents for each staff dentist.
3. An overall critique of the quarter by the residents. (see appendix D-3) This evaluation form is completed by residents only.
4. A statement by the AEGD Review Board declaring the resident's status for the upcoming quarter. (see appendix D-4a,b,c)
5. A service rotation critique of each rotation by the residents. (see appendix D-5) This form is completed by all residents upon completion of assigned rotations.
6. A service rotation evaluation of the dental resident by the rotation-attending faculty. (see appendix D-6) This form is completed by the attending faculty for each resident upon completion of the assigned rotation.

In addition to these quarterly evaluations, three other means of assessing residents' performance are used throughout the year and upon completion of the residency program. These include:

1. An outcomes assessment of the residents by the AEGD Residency Review Board. This evaluation is a comprehensive assessment of the residents' knowledge and skills concerning all aspects of dentistry. A copy of this form is available upon request.
2. A post-program evaluation of the AEGD Residency Program by the former residents. This evaluation is a general assessment of the residency program one year following completion of the residency. A copy of this evaluation is available upon request.
3. An examination of dental didactic education provided by the American Board of General Dentistry. This examination is completed by all residents at the beginning and at the end of the residency program.

All evaluations are submitted to the Director for review and then filed in the resident evaluation record. The resident then reviews his/her record at the quarterly resident evaluation scheduled in October, January, April, and June.

Resident Salary

The annual stipend for residents rated PGY-1 is approximately \$36,400. The VA requires all employees to utilize direct deposit services. If for any reason the resident is unable to complete the residency year, he will not receive the entire stipend.

Treatment Plans

All treatment recommendations (VA form 10-2570, see appendix G) must be approved by the Dental Service Chief. This form must be signed by the Chief prior to any dental procedures being performed.

Assignments To Other Services/Rotations

Service: Primary Care

Length of Rotation: 2 weeks

Objectives:

- Assist in physical and history taking
- Increase knowledge of systemic conditions/diseases
- Become familiar with common pharmacologic agents used to treat various conditions
- Become familiar with differential diagnoses associated with specific symptoms
- Recognize polypharmacy
- Become familiar with routine exam, tests, results and their interpretation

Service: Oral Surgery

Length of Rotation: 4 weeks

Objectives:

- Develop skills in performing patient history and physical examinations as well as physical diagnosis and medical risk assessment
- Receive advanced training and experience in both inpatient and outpatient oral and maxillofacial surgery extractions, alveoplasties, implant placement, etc.
- Develop skills in treating complex oral surgery cases (facial fractures and medically compromised patients)
- Improve skills in diagnosis and treatment sequencing of oral surgery patients
- Be responsible for admission, operative, and post-operative care and discharge summary
- Request appropriate medical consultations

Service: Cardiology

Length of Rotation: 1 week

Objectives:

- Increase knowledge of heart disease
- Become intimately familiar with those conditions of concern in dentistry
- Recognize symptoms associated with specific diagnoses
- Become familiar with common pharmaceuticals used to treat various heart conditions
- Begin to receive exposure to ACLS
- Receive training on EKG interpretation

Service: Dental Laboratory

Length of Rotation: 1 week

Objectives:

- Become familiar with all aspects of a dental laboratory
- Work chair-side with technicians in: pouring models, waxing, casting, porcelain work, setting denture teeth, processing dentures, fabricating dental orthotics
- Work chair-side with technicians in designing frameworks for partial dentures
- Become familiar with the various products (stone, wax, acrylic . . .) and why and when each are used

Service: Prosthodontics

Length of Rotation: 4 weeks

Objectives:

- Learn techniques for fabrication of complete dentures (impression material, tray material, setting teeth . . .)
- Gain experience in all areas of prosthodontics working one on one with prosthodontist
- Work chair-side with prosthodontist in restoring implants

Service: Emergency Room

Length of Rotation: 1 week

Objectives:

- Reinforce interviewing, physical examination, and medical risk assessment skills
- Develop airway management skills
- Refine BLS & ACLS skills
- Strengthen skill of recognition and management of emergencies found in the dental environment: airway obstruction, syncope, respiratory distress, allergic reactions, chest pain, hypertension, hypotension, hyperglycemia, hypoglycemia, seizures, and asthma
- Become familiar with hospital protocol

Service: Sleep Lab

Length of Rotation: 1 day

Objectives:

- Understand why and when sleep studies are performed
- Understand what the sleep study results reveal
- Increase knowledge about obstructive sleep apnea (OSA)
- Learn about the different treatment modalities available to treat OSA

Service: Chief of Staff

Length of Rotation: 1 day

Objectives:

- To observe the administrative side of hospital operations for one day

Service: Ft Myers VAMC Dental Clinic

Length of Rotation: 1 week

Objectives:

- Assist clinic in providing general dentistry to scheduled patients
- Check hygiene patients
- Perform exams

Service: Tampa VAMC/Moffitt Cancer Center

Length of Rotation: 1 week

Objectives:

- Assist clinic in providing general dentistry to scheduled patients
- Observe/assist in periodontal surgery, oral surgery, prosthodontic procedures
- Observe/assist in the treatment of head and neck cancer patients

Service: Plastic Surgery

Length of Rotation: 1 week

Objectives:

- Observe and learn suturing techniques

Service: ENT

Length of Rotation: 1 week

Objectives:

- Become acquainted with operating room protocol, aseptic and surgical techniques, and recovery room procedures for ENT surgical needs
- Observe tracheostomy technique and care
- Gain experience in the pre-operative and post-operative management of the surgical ENT patient
- Gain knowledge and develop skills in performing ENT head and neck clinical examinations
- Be able to detect and identify benign and malignant lesions of the oropharyngeal mucosa and adjacent anatomical structures

Service: Orthopaedics

Length of Rotation: 1 week

Objectives:

- Observe total hip or total knee replacement
- Understand reasons for their failure
- Understand impact of dental care for these patients pre-operatively and post-operatively

Service: Anesthesia

Length of Rotation: 2 weeks

Objectives:

- Assist in performing pre-operative evaluations
- Assess the effects of pharmacologic agents
- Assist in monitoring patients pre-operatively and post-operatively
- Assist in managing airways
- Assist in intubating patients
- Assist in preventing and managing emergencies
- Assist in assessing patient recovery
- Become proficient in performing venipunctures

Service: Endocrinology

Length Rotation: 1 week

Objectives:

- Increase knowledge of endocrine system disorders
- Learn to recognize signs and symptoms associated with endocrine system disorders
- Understand the association between key disorders and how dental care can best be provided to these patients

Records

Record keeping is an extremely important aspect of the residency program. Residents are expected to keep accurate, timely records of all patient care episodes.

Following is a list of the minimum information required for entries in the dental record:

Operative Procedures:

- Anesthesia and medications
- New or replacement restoration
- Reason for restoration (caries, abrasion, etc.)
- Varnishes, liners, bases
- Etchants, primers, adhesives

Periodontal Procedures:

- Anesthesia and medications
- Diagnosis
- Probing depths
- Mobility
- Bleeding on probing
- Radiographic findings
- Scaling, root planing, polishing
- Fluoride application
- Oral hygiene instruction
- Prognosis

Nonsurgical Endodontic Procedures:

- Anesthesia and medications
- Diagnosis
- Number of canals located
- Description of findings (vital pulp, dry canal, purulence)
- Working length(s)
- Final file size
- Use of medicaments and/or irrigants (RC prep, NaOCl, Formocresol, etc.)
- Obturation materials (gutta percha)
- Obturation cement (sealapex, etc.)
- Obturation method (lateral or vertical)
- Method of temporization (cotton pellet, cavit, IRM)

Removable Prosthodontic Procedures:

- Anesthesia and medications
- Rest seat and guide plane preparations
- Impression materials used
- Exact location of all adjustments made to prosthesis

Fixed Prosthodontic Procedures:

- Anesthesia and medications used
- Description of preparations (full cast or PFM)
- Impression material used
- Retraction cord if used
- Hemostatic agent if used
- Method of temporization
- Cements used for temporization and final cementation
- Shade selection

Surgical Procedures:

- Anesthesia and medications
- Procedure performed (extraction, alveoplasty, apicoectomy, etc.)
- Flap design
- Instruments used
- Complications
- Sutures – location, material, and how placed
- Post operative instructions

ADVANCE EDUCATION IN GENERAL DENTISTRY

Resident _____ Date _____

Comprehensive Case # _____

Patient Name _____ Age _____

Social Security Number _____ VA Classification _____

Treatment Planning Checklist:

_____ Mounted models, neatly trimmed and accurately articulated

_____ Slides correctly oriented

_____ Radiographs, current

_____ Periodontal charting

_____ Current medical history, signed by both patient and dentist

_____ Dental record, properly organized

A. Past Medical/Surgical History

B. Allergies

C. Current medications (including dosing schedule)

D. Physical examination

Head & Neck, (include TMJ exam, scars, skin lesions, salivary glands, lymph nodes)

Discuss findings within normal limits and remarkable exceptions.

Other:

E. Medical Risk Assessment (including but not limited to ASA classification)

F. Past Dental History

G. Dental Examination

Intra-oral soft tissues: _____

Intra-oral hard tissues: _____

Radiographic findings: _____

Periodontal evaluation: _____

Occlusal analysis:

H. Dental Diagnoses

I. Treatment plan

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Estimated number of visits

J. Alternative treatment recommendations

Director's Signature

LITERATURE REVIEW

Resident: _____ **Date:** _____

Title: _____

Author: _____

Reference: _____

Summary of Article:

[illegible]

**VA MEDICAL CENTER
DENTAL PATIENT REQUEST**

Resident: _____

Date: _____

Place a (3) next to all case types requested.

- ☐ **Endo**
- ☐ **Operative**
- ☐ **Crown & Bridge**
- ☐ **Perio**
- ☐ **Ortho**
- ☐ **Complete Dentures**
- ☐ **Partial Dentures**
- ☐ **Oral Surgery**
- ☐ **Implant**
- ☐ **Medically Compromised**

DENTAL RESIDENT RATING REPORT

Resident: _____

Reporting Period: October / January / April / Final

Date: _____

The Dental Resident Rating Report will be completed for each resident by the VA staff dentists. Each rater will complete the form independently and submit it to the Director no later than five days after the end of the quarter. Rate each factor below using the following numerical scale.

5 - Excellent

2 – Below Average

4 – Above Average

1 – Unsatisfactory

3 – Average/Satisfactory

N/A – Not applicable or not observed

Category	Rating	Comments
1. Personality/Relations with patients and coworkers		
2. Ability to express ideas		
3. Reliability/Attendance		
4. Adjustment to hospital routine		
5. Clinical aptitude - Overall		
Clinical aptitude – Dx & Tx Planning		
Clinical aptitude - Restorative		
Clinical aptitude - Prosthetics		
Clinical aptitude - Endo		
Clinical aptitude - Perio		
Clinical aptitude – Oral Surgery		

6. Patient and practice management		
7. Quality improvement in response to patient and practice management		
8. Production		
9. Quality of dental work		
10. Ability to learn		
11. Records		
12. Management of dental emergencies		
13. Work without supervision		
14. Attitude towards profession/ interest		
15. Accepts suggestions/criticisms		
16. Cooperation		
17. Off-Service Rotations		

Additional comments:

Attending

Date

ADVANCED EDUCATION IN GENERAL DENTISTRY**FACULTY EVALUATION**

Faculty Name: _____

Category	Excellent	Satisfactory	Unsatisfactory
1. Knowledge of subject			
2. Communication skills			
3. Ability to plan and guide educational objectives			
4. Supervision and availability			
5. Use of learning resource and media			

Additional comments:

Date: _____

Resident_____
Program Director_____
Chief, Dental Service

DENTAL RESIDENT CRITIQUE

This form is to help improve the AEGD Residency Program. Constructive criticism regarding the quarter you just completed would be greatly appreciated. Your thoughts and ideas will be held in the strictest confidence.

PERIOD OF TIME _____

1. Were you satisfied with this quarter Yes _____ No _____

COMMENTS:

2. Were you motivated and stimulated during this quarter? Yes _____ No _____

COMMENTS:

3. Was adequate clinical experience provided? Yes _____ No _____

COMMENTS:

4. What are your feelings with regard to lectures, demonstrations, and seminars?

Lectures: Not Enough _____ Sufficient _____ Too Much _____

COMMENTS:

Demonstrations: Not Enough _____ Sufficient _____ Too Much _____

COMMENTS:

Seminars: Not Enough _____ Sufficient _____ Too Much _____

COMMENTS:

5. What are the strong points of this quarter?

6. What are the weak points of this quarter?

Name _____

Date _____

**Department of
Veterans Affairs**

Memorandum

Date:

From: System Chief, Dental Service (160)

Subj.: AEGD Resident Status

To: Dr. (resident)

1. Following the AEGD Residency Review Board meeting on _____,
you are hereby placed in the following status:

Probationary Status

All residents are placed in this status upon entering the residency program. Residents at this level are continuously supervised through frequent chart reviews; direct supervision of Complex prosthodontic, surgical, periodontic, endodontic procedures and evaluation of Cases presented at treatment planning. A resident may remain in this status for no more Than six months to successfully complete the program.

2. Distinct levels of responsibility and privileging are required by the Residency Review Board as outlined in the VHA Handbook 1400.1, "Resident Supervision," October 25, 2001. Each resident must achieve Permanent Status for successful completion of the program.

Irma M. Tassi, DMD
Program Director

L. E. Scheitler, DDS, MPH
System Chief, Dental Service

**Department of
Veterans Affairs**

Memorandum

Date:

From: System Chief, Dental Service (160)

Subj.: AEGD Resident Status

To: Dr. (resident)

1. Following the AEGD Residency Review Board meeting on _____,
you are hereby placed in the following status:

Conditional Status

Residents are promoted to this status once the following conditions have been met:

- The resident has demonstrated clear, concise decision-making skills regarding dental treatment planning of his/her patients.
- The resident has consistently provided thorough data, mounted models, radiographs at treatment planning sessions and demonstrates an understanding of the medical diagnoses of his/her patients.
- The resident has received satisfactory evaluations from attendings of off-service rotations.
- The resident manages clinic time appropriately. This includes efficient scheduling of patients and having laboratory procedures completed prior to the patient's appointment.
- The resident has followed-through with special projects which may be assigned by attending faculty.
- The resident has initiated a research paper or project.
- The resident has maintained assigned laboratory duties.

Residents at this level are supervised through chart reviews (less frequently than at the probationary level); indirect supervision of complex prosthodontic, surgical, endodontic and periodontic cases; and evaluation of cases presented at the treatment planning seminars. A resident may remain in this status for no more than six months to successfully complete the program.

2. Distinct levels of responsibility and privileging are required by the Residency Review Board as outlined in the VHA Handbook 1400.1, "Resident Supervision," October 25, 2001. Each resident must achieve Permanent Status for successful completion of the program.

Irma M. Tassi, DMD
Program Director

L. E. Scheitler, DDS, MPH
System Chief, Dental Service

Department of Veterans Affairs

Memorandum

Date:

From: System Chief, Dental Service (160)

Subj.: AEGD Resident Status

To: Dr. (resident)

1. Following the AEGD Residency Review Board meeting on _____,
you are hereby placed in the following status:

Permanent Status

Residents are promoted to this status once the following conditions have been met:

- The resident continues to meet the conditions listed under “conditional status”
- The resident demonstrates independent, intelligent treatment planning skills.
- The resident demonstrates knowledge of hospital protocol through management of dental inpatients (admission, operative and discharge procedures).

Residents at this level require minimal supervision and are expected to function at the level of full-time staff dentist.

2. Distinct levels of responsibility and privileging are required by the Residency Review Board as outlined in the VHA Handbook 1400.1, “Resident Supervision,” October 25, 2001. Each resident must achieve Permanent Status for successful completion of the program.

Irma M. Tassi, DMD
Program Director

L. E. Scheitler, DDS, MPH
System Chief, Dental Service

DENTAL RESIDENT ROTATION CRITIQUE

This form is to help improve the General Dentistry Resident Program. Constructive criticism regarding the rotation you just completed would be greatly appreciated. Your thoughts and ideas will be held in the strictest confidence.

ROTATION _____ DATES: _____

1. What were the strengths of this rotation?

2. What were the weaknesses of this rotation?

3. Was adequate supervision provided?

4. Was the amount of patient care adequate?

5. Were supporting didactic materials appropriate?

6. What suggestions could be made to improve this rotation?

Name _____ Date _____

ADVANCED EDUCATION IN GENERAL DENTISTRY

SERVICE ROTATION EVALUATION OF DENTAL RESIDENT

Service: _____

Resident's Name: _____

Category	Excellent	Satisfactory	Unsatisfactory
1. Attendance			
2. Interest			
3. Performance			
4. Reliability			
5. Work output			
6. Adaptation to rules			
7. Acceptance of suggestions			
8. Professional attitude			
9. Professional behavior			
10. Medical risk assessment			
11. Management of emergencies			

Remarks: _____

Attending 's Name: _____ Date: _____

Signature: _____

**DENTAL SERVICE
INFECTION CONTROL POLICY**

1. PURPOSE: To establish policy outlining the responsibilities of the Dental Service personnel in infection control.

2. POLICY: Dental Service will assume an affirmative role in the prevention, detection, treatment, reporting, and control of infections. Strict adherence to aseptic practices and Standard Precautions will be maintained to assure a sanitary environment and to avoid sources and transmission of infection. This policy has been formulated to minimize the risk of transmission of infectious diseases between patients, dental staff members and their families.

3. ACTION: Exposure determination information: All employees involved with the clinical care of patients and who perform tasks which have a potential for occupational exposure to bloodborne pathogens, tuberculosis or other infectious organisms, must perform correct infection control practices according to policy. Those employees who are involved only in administrative tasks usually are not at risk of occupational exposure to bloodborne pathogens or tuberculosis.

a. Personnel

(1) Personnel that have been exposed to a communicable disease, or that have had a communicable illness must be cleared by Occupational Health prior to coming on duty. Personnel with communicable illnesses will not have patient contact.

(2) Personnel may eat and drink only in designated lounge areas. Consumption of food and beverages in patient care areas is prohibited.

(3) Accidents/injuries (needle sticks, mucus membrane exposure) involving exposure to potentially infectious pathogens or body fluids from patients will be reported to Occupational Health as soon as possible. Post exposure prophylaxis will be followed according to Occupational Health guidelines.

(4) Hepatitis B vaccine is available (free of charge) to all employees with the potential of an exposure to blood or other body fluids. The vaccine is offered through Occupational Health. Letters of declination for those not accepting the vaccine must be signed and kept on file in Occupational Health.

(5) Annual PPD skin testing (in birth month) is recommended for all employees except for those employees with a previous positive test.

(6) All employees will receive orientation and continuing education in infection control including: handwashing technique, aseptic practices, standard precautions and other isolation procedures, use of personal protective equipment, Hepatitis B vaccine, and tuberculosis.

b. Procedures for Examination and Treatment Operatories

DENTAL SERVICE MEMORANDUM

January 2003

(1) Standard Precautions will be followed at all times in accordance with Center Memorandum 516-01-00-49.

(2) Dental Health Care Workers must wear protective attire such as eyewear, face mask, or a chin-length shield; disposable gloves; and protective clothing when performing procedures capable of causing splash, spatter, contact with body fluids, mucous membranes, or touching items or surfaces that may be contaminated with these fluids according to CM 516-01-00-54.

(3) Personal protective equipment (PPE) (gowns, gloves, masks, eye protection) and sharps will be disposed of at point of use in red biohazard containers.

(4) Disposable barriers should be used, when practical, to cover the headrest, light handles, radiographic equipment, curing lights, etc. and removed at the end of the procedure.

(5) After every patient visit all disposable items will be treated as contaminated and placed in red biohazard containers.

(6) The expiration date of hospital-packaged sterile goods will be checked prior to use. Commercially packaged sterile goods will be inspected prior to use to insure the outer wrapper is intact. If there is an expiration date, this will be checked. If an item is out of date or the integrity of the package is questionable, it will not be used but returned to SPD.

(7) Large-volume flasks of sterile water or saline will be discarded nightly.

(8) Blood or body fluid spills will be immediately cleaned utilizing personal protective equipment and germicide cleaner.

(9) Surfaces that are not, and will not, be touched or otherwise contaminated during patient treatment need not be cleaned and disinfected between each patient but must be cleaned and disinfected at the end of the workday.

(10) All dental chairs will be wiped down with germicidal detergent whenever soiled or contaminated with body substances. Any equipment visibly contaminated with blood or other body fluids will be wiped down with an appropriate germicide prior to use again.

(11) All soiled linen is handled as potentially biohazardous and is placed in blue impervious bags.

(12) Rubber Dam should be used whenever possible during dental procedures when aerosols are generated. This should be done in conjunction with High Velocity Evacuation.

(13) Before the first patient of the day, the water lines of the air/water syringe and the handpiece hoses should be flushed for three to five minutes (without handpieces attached) to reduce the microbial build-up that occurs in the water lines over periods of non-use. Employees will follow waterline care instructions for daily and weekly maintenance.

(14) Family and friends of patients are not permitted in the treatment areas unless requested by the healthcare provider.

January 2003

DENTAL SERVICE MEMORANDUM

(15) If a patient is known or suspected of having active tuberculosis, elective dental care should be deferred until the diagnosis is confirmed and the patient is determined to be non-infectious.

(16) When urgent dental care is required on a patient known or suspected of having active TB, care must be provided where appropriate TB isolation is in place.

(17) Infection Control Practitioners are available for consult when infection control questions or issues with regard to patient or staff arise.

c. Procedures for Dental Radiography

(1) Plastic barrier wraps are to be used on the control panel switches, headrest and x-ray tube head

(2) All reusable x-ray positioning devices will be sterilized between use on patients.

(3) Lead aprons that have become visibly contaminated will be disinfected with a germicidal cleaner.

d. Procedures for Dental Laboratory

(1) The Dental Laboratory has been designated as "clean area". Prior to delivering lab cases into the dental service lab, contaminated items will be disinfected with the appropriate germicidal agent for 10 minutes.

(2) It is the responsibility of the treating dentist to appropriately disinfect the appliance, bite rim, set-up, etc. prior to insertion into the patient's mouth.

e. Disinfection of equipment

(1) All high and low speed handpieces and any components entering the oral cavity (including contra-angles and reusable prophyl angles) will be sterilized between use on patients.

(2) Burs and diamonds (including lab burs) will be gas sterilized between use on patients.

(3) Air-water syringe tips must be disposable or sterilized between use on patients. Cavitron inserts must be sterilized between patients.

(4) High Velocity Evacuation (HVE) tips will be either disposable or sterilized between patients.

(5) Saliva ejectors are disposed of between patients. The adapters and hoses are disinfected barrier protected between use on patients.

(6) All nondisposable instruments will be prepared for sterilization in the preparation room. Clean and dirty activities must not occur at the same time in the preparation room. There must be a clear separation of contaminated item area from clean item area.

(7) All nondisposable instruments will be precleaned by either ultrasonic cleaning or hand scrubbed and disinfected with appropriate germicide for 10 minutes.

(8) Nondisposable instruments will be wrapped and sent to SPD for sterilization.

(9) Ultrasonic cleaning solution will be changed on a daily basis.

e. Chief7, Dental Service is responsible to

(1) Assure adherence of personnel to Infection Control Policy.

(2) Approve all policies/procedures in Dental Service related to infection control.

(3) Assure that records of annual infection control education are maintained.

f. Infection Control Practitioners are responsible to

(1) Assist in preparing and presenting continuing education in infection control.

(2) Assist in reviewing and preparing infection control policies.

(3) Be available as a consultant on infection control issues, as needed.

g. Infection Control Committee is responsible to

(1) Approve Infection Control Policy.

(2) Approve nosocomial infection monitors and make recommendations.

4. REFERENCES

APIC Text of Infection Control and Epidemiology, 2000

Infection Control Recommendations for the Dental Office and the Dental Laboratory: American Dental Association. JADA; May 1996; 127: 672-680.

Center Memorandum 516-01-00-18 Reporting of Infections

Center Memorandum 516-01-00-49 Infection Control Program

Center Memorandum 516-01-00-54 Bloodborne Pathogen Exposure Control Plan

Center Memorandum 516-98-00-69 Tuberculosis Exposure Control Plan

5. **RESPONSIBILITY:** The Dental Service is responsible for the contents of this Memorandum.

6. **RESCISSIONS:** None

7. **EFFECTIVE DATE:** January 2003

8. **RECERTIFICATION:** This Memorandum will be recertified on or before the last workday of January 2005.